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Bulletin on Current Literature

The monthly bibliography for workers with the handicapped

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The NATIONAL SOCIETY for CRIPPLED CHILDREN and Adults, Inc.
11 SO. LA SALLE ST., CHICAGO 3, ILL.
THE EASTER SEAL AGENCY

THE NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, the Easter Seal agency, a nationwide federation of more than 2,000 state and local member societies, provides a variety of needed services in the fields of health, welfare, education, recreation, employment and rehabilitation. Its three-point program is:

EDUCATION of the public, professional workers and parents.

RESEARCH to provide increased knowledge of the causes and prevention of handicapping conditions, and in methods of improved care, education and treatment of the handicapped.

DIRECT SERVICES to the handicapped, including case finding, diagnostic clinics, medical care, physical, occupational, and speech and hearing therapy, treatment and training centers and clinics, special schools and classes, teaching of the home-bound, psychological services, vocational training, curative and sheltered workshops, employment service, camps, recreational services, social services, and provision of braces, appliances and equipment.

BULLETIN ON CURRENT LITERATURE
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ACCIDENTS--PREVENTION

235. Dietrich, Harry F.

A practical approach to accident prevention. Crippled Child. Feb., 1951. 30:5:4-5, 28.

Accidents injure permanently from 30,000 to 50,000 children each year. This toll can be lessened considerably or eliminated entirely by a carefully planned program of protection, education to hazards, and discipline. A child should be taught the dangers of unsafe behavior by experiencing certain risks and their consequences. "Accidents kill and cripple more children than any of the usually feared diseases. But accidents should be fought--not feared."

ACCIDENTS (INDUSTRIAL)--PREVENTION

236. Tabershaw, Irving R.

Medicine and industrial accident prevention, by Irving R. Tabershaw and Wynant Moorman. Industrial Medicine and Surgery. Feb., 1951. 20:2:86-88.

"It is the purpose of this paper to evaluate the effectiveness of current industrial safety engineering practices, to describe the role of medicine in industrial accident prevention, and to indicate the phase of medicine which promises the most of the future development of industrial safety." Subjects discussed include selective placement, a study of environmental stress, physiological stress and emotional evaluation.

AMPUTATION

237. Brunnstrom, Signe.

Leg amputee: pre-prosthetic training, by Signe Brunnstrom and Donald Kerr. West Orange, N. J., Kessler Institute of Rehabilitation, 1951. 44 p. illus. (Rehabilitation series no. 3)

This pamphlet describes the steps to be taken in aftercare, bandaging the stump, the use of crutches, care and strengthening the remaining leg, hopping technique and general conditioning and specific stump exercises. Each step is illustrated.

Available from the Kessler Institute for Rehabilitiation, Pleasant Valley Way, West Orange, N. J., at $1.00 a copy.

AMPUTATION -- EQUIPMENT

238. Chittenden, Rea F. (and others)

Prosthetics for the young child, by Rea F. Chittenden, Gilbert M. Motis and Donald Spiers. Crippled Child. Feb., 1951. 30:5:14-15, 29.

Three articles describing the physical, economical and mechanical advantages of prostheses made of plastics. While these advantages are enjoyed by the adult, they are most beneficial to the child. Plastic prostheses are lighter in weight, require little or no harness, and can be remolded as the stump grows. These advantages mean a very young child can be fitted early in life with an artificial limb and can take part in the normal activities of children before personality difficulties develop.

ARCHITECTURE (DOMESTIC)

239. A handicapped couple builds a wheelchair house. Crippled Child. Feb., 1951. 30:5:11-13, 29.

There is general agreement that many severely handicapped people need houses designed especially for them, as a questionnaire circulated by National Society for Crippled Children and Adults showed. This article, with its accompanying illustrations, is about a handicapped couple who build their own house, which has what they consider the best features for the convenience of a couple in wheel chairs.

ASPHYXIA

240. Courville, Cyril B.

Contributions to the study of cerebral anoxia: I. Asphyxia in legends, folklore and history. II. The mechanism and nature of consequent structural alterations. III. Neonatal asphyxia and its relation to certain degenerative diseases of the brain in infancy and childhood. Bul., Los Angeles Neurological Society. Sept., 1950. 15:3:99-195. Reprint.

An article in three parts. Part I deals with the evidence of asphyxia from earliest times as recorded in legends and folklore as well as in medical records. In the past 150 years, with the use of luminating gas, the opening of coal mines with their noxious gases, and experiments with balloons, incidents of asphyxia have increased. Always infants have been subjected to asphyxia at birth and from bedding and swaddling clothes. "But if history served any purpose in the study of man's long struggle against the dangers of asphyxia, it is to show that regardless of the mechanism by which the process occurs, the cerebral lesions present a complex in which the nature of the underlying anoxia can be clearly recognized...." The second part discusses the actual alterations which take place due to asphyxia. "This short survey of the problems of the causes and nature of the alterations in the brain following asphyxia gives one a brief insight into the nature of the anoxia process and the mechanism by which the various physical lesions of the nervous system are produced. Perhaps of greater importance is the establishment of certain fundamental principles which may be of service in the understanding of a group of diseases or of pathological states hitherto considered to be of unknown or of degenerative character. This information will be of greatest value in the interpretation of certain conditions which may prove to be the ultimate residual effects of neonatal asphyxia....In this third study of some phases of the general problem of cerebral anoxia, the writer has first set down some principles which he has gleaned from his observations on the effects of types of anoxia as guides in the understanding of the lesions presumed to result from neonatal asphyxia....All this has been done by way of an introduction to the main proposition that a number of chronic diseased states which make their appearance during infancy and early childhood have their genesis in neonatal asphyxia. The significance of this assumption will be appreciated when it is realized that this entire group of diseases have hitherto been considered as being of unknown etiology. In this group of lesions are included cortical scars, atrophic lobar sclerosis (ulegyria), cerebral hemiatrophy, and diffuse atrophy of the brain; chronic progressive degeneration of the cerebral grey matter; porencephaly; chronic infantile cycstic degeneration of the cerebral white matter; the demyelinating diseases of infancy and childhood; and the striatal disorders, such as status marmoratus and status demyelintatus...."

BLIND--EMPLOYMENT

241. Hartweg, Theodore E.

Blinded eyes and woodworking hands. J. of Rehabilitation. Jan.-Feb., 1951. 17:1:9-13.

The story of the training classes in woodwork and allied crafts for the blind and visually impaired, sponsored jointly by the Arizona Division of Vocational Rehabilitation and the Phoenix Technical School authorities. A great variety of articles were made, most of them salable quality. Three cases of the psychological benefits from the course are cited.

BLIND--EMPLOYMENT (continued)

242. Routh, Thomas A.

Economic rehabilitation for the blind. Outlook for the Blind. Feb., 1951. 45:2:42-46.

The author feels that the most pressing problem of the blind is economic security or the opportunity to earn a livelihood. The solution of this problem would go a long way to eliminate the social problems which some agencies place first in their rehabilitation programs. This does not mean an elimination of "blind pensions" where they exist or the threat of their denial if the recipient does not work. Rather it means a combination of the two where necessary and a study of the individual's problems.

243. U. S. Office of Vocational Rehabilitation.

Fundamental principles to be observed when analyzing industrial plants for the purpose of selecting jobs which can be performed without the use of sight. Washington, The Office, 1951. 11 p. (Rehabilitation Service Series no. 142). Mimeo.

Detailed instructions for the counselor conducting a plant analysis. Attention is called to the need of selling the concept of the blind person performing many operations in industry and for the need of adequate preparation of the counselor before he conducts the analysis. This preparation should include a wide knowledge of industrial practices and industrial terms, the ability to secure pertinent information from the employer, a proper introduction to the subject of an analysis, and permission of various authorities, heads of departments and foremen to proceed. The counselor must know safety codes and regulations and demonstrate the ability of a blind worker to observe safety rules and must give a personal demonstration of the jobs that can be done adequately and safely by a blind man. Unless the counselor is able to conduct the analysis skillfully, its purpose will be defeated.

BLIND--MENTAL HYGIENE

244. Schauer, Gerhard

Motivation of attitudes towards blindness. Outlook for the Blind. Feb., 1951. 45:2:42-46.

An article on the attitudes of sighted people toward the blind, limited to fantasy, and based on psychiatric observation and interpretation rather than on case studies. "The approach may be formulated in the following manner: 'If there are any unconscious or primitive attitudes among seeing people towards blind people, then they are probably motivated in the seeing person's attitude towards himself and towards his own vision.'" The author bases his analysis on myths and verbal traditions.

BLIND--PREVENTION

245. National Society for the Prevention of Blindness.

An eye health program for schools. New York, The Society (c1951). 8 p. (Publication no. 141)

An explanation of eye health measures that should be observed, as being an integral part of the general health principles and practices obtaining in schools.

Available from the National Society for the Prevention of Blindness, 1790 Broadway, New York 19, N. Y., at 10¢ a copy.

BLIND--SPECIAL EDUCATION--JAPAN

246. Konagaya, T.

The education of the blind in Japan. Outlook for the Blind. Feb., 1951. 45:2:33-38.

BLIND--SPECIAL EDUCATION--JAPAN (continued)

A brief history of the education of the blind in Japan since ancient times until the passage of the Physically Handicapped Welfare Law, April 1, 1948, which provides compulsory education for the blind.

CEREBRAL PALSY--HISTORY

See 311.

CEREBRAL PALSY--MEDICAL TREATMENT

247. The doctors talk it over. Crippled Child. Feb., 1951. 30:5:21-23, 28.

The verbatim report of the medical panel on cerebral palsy at the 1950 annual convention of the Society. Drs. Wishik, Perlstein, Newland, Pohl and Hohman participated and answered questions on the medical, emotional and mental-testing problems which arise in cases of cerebral palsy.

CEREBRAL PALSY--PROGRAMS

248. Hellebrandt, F. A.

Trends in the management of cerebral palsy. Virginia Med. Monthly. Jan., 1951. 78:20-23. Reprint.

"The primary purpose of this paper...is to assess the scope of the cerebral palsy problem today in the Commonwealth of Virginia. The criteria to be considered in the organization of a state program are discussed. The ideal state program is one in which the average patient may be referred back to his home community for treatment after special study in a diagnostic center....Thus, the organization of a diagnostic center must be integrated with the concurrent development of treatment outlets accessible to the patient." Educational advantages as well as those of socialization, physical, occupational and speech therapy are necessary. For evaluation of progress some provision must be made for checkups either at field clinics or the outpatient clinic of the diagnostic clinic.

CEREBRAL PALSY--PROGRAMS--INDIANA

249. For the cerebral palsied child in Indiana. Public Welfare in Indiana. Jan., 1951. 51:1:3-19.

Entire issued devoted to the cerebral palsy program in Indiana.

This well-illustrated issue contains a series of short articles describing various phases of the state cerebral palsy program as centered in the clinic at the James Whitcomb Riley Hospital, Indianapolis.

CEREBRAL PALSY--PROGRAMS--VIRGINIA

250. Easter seals at work; they are building a happy, useful life for Brett Downes. Crippled Child. Feb., 1951. 30:5:6-7, 28.

This is the story of Brett and her improvement under the therapies prescribed for cerebral palsied children. It is also the story of the work of the Easter Seal and how it makes possible the treatment center in Richmond, Virginia, financed by the Virginia Society for Crippled Children, at the Baruch Center of Physical Medicine and Rehabilitation. It is the story of the work of similar societies throughout the country, those that are supported by the annual Easter Seal sale.

CEREBRAL PALSY--SURVEYS--GREAT BRITAIN

251. Asher, Patria

A survey of 400 cases of cerebral palsy in childhood, by Patria Asher and F. Eleanor Schonell. Archives of Disease in Childhood. Dec., 1950. 25:124: 360-369. Reprint.

CEREBRAL PALSY--SURVEYS--GREAT BRITAIN (continued)

"A survey of cases of cerebral palsy among children in the Midlands is described. Four hundred cases were examined; the group appeared to be a representative sample of all types of cerebral palsy. The incidence of cerebral palsy among the school-age of certain towns is probably about 1 per 1,000. Among 349 cases of congenital cerebral palsy there were 290 cases of mixed spastic paralysis (83%), 36 athetoids (10%), 17 mixed cases (5%), three cases of ataxia, two of flaccid paralysis, and one of rigidity and tremor. The relative incidence of spastic paralysis and athetosis is discussed, with special reference to figures given in other published series. The aetiology of congenital cerebral palsy is discussed. Evidence from this series suggests that athetosis is usually the result of birth injury or of neonatal jaundice whether due to Rh isoimmunization or not. Birth injury probably causes some cases of spastic paralysis, while others are the result of genetic or intra-uterine factors. We found no evidence that asymmetrical spastic paralysis is more likely to be due to birth injuy than symmetrical paralysis. Fifty-one cases of acquired cerebral palsy were examined. These comprised 19 cases of kernicterus, 14 of acute infantile hemiplegia, 11 postmeningitic palsies, two other infective cases, four cases of progressive spastic paralysis, and one of post-traumatic hemiplegia. The aetiology of acute infantile hemiplegia is discussed; it suggested that vascular accidents are the usual cause of this condition. All but two cases over the age of 3 years were examined by a psychologist, and the intelligence was assessed in all but 14 cases, using the method of Stanford-Binet (T.M.L). The I.Q. was 70 or over in 51% of cases, between 50 and 69 in 23% and below 50 in 26%. No significant difference in mean I.Q. of spastics and athetoids was found. The mean I.Q. of the various groups varied inversely with the severity of the physical handicap; thus the mean I.Q. of spastic quadriplegics was significantly lower than that of hemiplegics or paraplegics. An examination of the attainment in reading of the normally intelligent and bright children reveal a very considerable degree of retardation. This suggests that, unless special educational provision is made, many cases will lack the necessary stimulus to develop their capacities beyond mediocre levels."

CHILDREN'S HOSPITALS--CANADA

252. Davis, Leda Jean

Our hospital. Canadian Red Cross Junior. Apr., 1951. 30:4:10-11.

A brief account, with illustrations, of the growth of the Children's Hospital at Regina, Saskatchewan, together with its activities.

CHILDREN'S HOSPITALS--RHODE ISLAND

253. Jensen, Faith

The problems of the "problem child." Nursing World. Feb., 1951. 76:2:64-65, 76, 87.

A report of a student in child psychiatry on the program of the Emma Pendleton Bradley Home in Rhode Island. The Home is for boys and girls from 3 to 12 who have emotional problems and need psychiatric help. There is freedom of expression and the children are encouraged to act out their difficulties. Discipline is exercised only to teach the children they must not infringe on the rights of others and that there are certain basic rules in living with others and in society.

CHRONIC DISEASE

254. Hardgrove, T. J.

Problems of the chronically ill. Am. J. of Occupational Therapy. Jan.-Feb., 1951. 5:1:9-11, 34.

CHRONIC DISEASE (continued)

This article stresses the need for community action in the care of the chronically ill. As the life expectancy increases and medical science devises new means of preserving life, the number of chronically ill increases proportionally. Either special hospitals or special departments within hospitals should be established more extensively to care for those who either cannot be cared for at home or have no homes or nurses to provide for them. Medical and nursing students should be given the opportunity to work with the chronically ill in order to become familiar with the problems and needs.

255. O'Reilly, D. Elliott

Conquering the problem of chronic illness. Crippled Child. Feb., 1951. 30:5:8-10, 28.

Chronic disease is a growing problem as the medical profession discovers new drugs to save those who a generation ago would have died, and as life expectancy increases. Although some of the chronically ill cannot be helped, many can be rehabilitated, or restored from their invalidism to the "fullest physical, mental, social, vocational and economic usefulness of which they are capable." This is not a dream but an actuality as many examples prove. Because of these results, rehabilitation programs have increased and fall into three classes: 1) Those developed by national agencies for the handicapped, 2) those maintained by insurance companies, 3) those of the government sponsored agencies. The need is tremendous and is being only partially met.

See also OLD AGE.

CLEFT PALATE--MEDICAL TREATMENT

256. Beatty, Hugh Gibson

Relation between tonsil and adenoid operations and cleft palate. J. Am. Med. Assn. Feb. 10, 1951. 145:6:379-381.

"A patient with a successful cleft palate operation often has subsequent changes in the pharyngeal lymphoid structures just as any other patient. No child should be denied the removal of obstructive or infected lymphoid structures. However, the type of patient described requires special consideration. Any obstructive adenoid mass must be removed before the effects of complications are advanced. Lymphoid hyperplasia of the adenoid and palatine tonsils has been discussed and deserves most careful consideration. Infection of the pharyngeal lymphoid constituents of Waldeyer's tonsillar ring must be dealt with in these patients just as completely as in any other patient. A technique eminently satisfactory for the preservation of the functions of the soft palate is described. If the operation is properly performed, the necessity for much more formidable surgical procedures involving the palatal structures may be avoided."

CONGENITAL DEFECTS

See 266.

DAY CAMPING

257. Maun, Marion

Educational therapy through camp. Cerebral Palsy Rev. Feb., 1951. 12:2:7-9.

An account of the Michael Peter Day Camp of the Bedford Clinic, initiated in the summer of 1949. The plan was organized around the therapy required by each child and was supervised by the therapists with the assistance of the Girl Scout Leader and band of forty volunteers.

DEAF-EQUIPMENT

258. Fitch, Waring J.

Learning to use a hearing aid; a guide for parents of hearing-handicapped children, by Waring J. Fitch and Clifton F. Lawrence. Today's Health. Feb., 1951. 29:2:26-28.

Advice to parents whose child wears a hearing aid. In addition to explaining to parents that the deaf child's attitude toward his aid depends on the parents' attitude toward it, the article gives definite steps in teaching the child to adjust to the equipment. They are: 1) Prepare the child for hearing gradually. 2) Teach the child to wear the aid in a quiet place at first for a short period and slowly increase time and situation. 3) Have the child listen to music. 4) Explain to him background sounds. 5) Teach him to ask to have things repeated. A child with a speech defect must be given speech correction lessons.

DEAF--MENTAL HYGIENE

259. Zeckel, Adolf

Psychopathological aspects of deafness. J. of Nervous and Mental Disease. Oct., 1950. 112:4:322-346. Reprint.

"This paper is a preliminary report on work in the deafness clinic. A more detailed study, with a psychologist, of individual cases of deafness is planned." In general the physical changes are accompanied by psychological ones. Often the deafened become suspicious, aggressive and depressed; some become so withdrawn they lose contact with their environment. "A better understanding of all the problems with which the deaf have to cope will make it easier to lift their isolation by manifold means and show us how to treat the psychoneurosis behind the deafness of the deaf person."

DIABETES--EMPLOYMENT

260. Mosenthal, Herman O.

When the diabetic plans employment. J. of Rehabilitation. Jan.-Feb., 1951. 17:1:14-15, 26.

"A diabetic can take on most jobs as efficiently as a non-diabetic. This is the assurance given to patients by doctors, and it is correct....In choosing a vocation, the diabetic should, on his own account, eliminate...those involving irregular or unsuitable meals and hazards due to possible attacks of faintness. ...Great strides have been made in the employment and insurance of diabetics and as treatment rests on more years of observation and statistics become available, the present restrictions will, without doubt, be gradually lifted. In the meantime every diabetic owes it not only to himself and his family but to the whole community that he take the best care of his disease, that he regard it as a surmountable handicap, and that he choose his vocation or job carefully to make it suitable to himself and acceptable to others. When these simple rules are carried out, no diabetic need go without satisfactory occupation."

EMPLOYMENT (INDUSTRIAL)--PLACEMENT

See 243.

EPILEPSY

261. Lennox, William G.

Childhood epilepsy. New York State J. of Medicine. Oct. 1, 1950. 50:19:2263-2266. Reprint.

EPILEPSY (continued)

The author briefly discusses the diagnosis with its difficulties, the various pattern of seizures, distribution of pattern seizures, the electroencephalograph, medical treatment and the social and psychological treatment. The last is of vital importance because it is necessary to educate the family as well as the child. The doctor needs the cooperation of the community and the support of organizations, such as the National Epilepsy League. With proper medication and psychological support, the epileptic who is normal mentally can contribute to society.

EPILEPSY--MEDICAL TREATMENT

262. Bailey, Percival

The surgical treatment of psychomotor epilepsy, by Percival Bailey and Frederic A. Gibbs. J. Am. Med. Assn. Feb. 10, 1951. 145:6:365-370.

"A series of 25 patients are discussed whose temporal lobes were operated on in an attempt to control or eradicate psychomotor epilepsy. Recordings from the surface and depths of the exposed brain indicate the psychomotor type of focus actually originates in the temporal lobe and can be removed by temporal extirpations. The immediate therapeutic result is in general proportional to the extent to which seizure activity is reduced or eliminated. A radical extirpation seems desirable, because even in the most favorable circumstances the focus is not a sharply defined point but is in areas in which multiple points are prone to discharge independently. The size and exact shape of the focus depend on the conditions under which it is investigated. Some cases are complicated by the presence of independent foci in both temporal lobes. Although the results to date are encouraging, insufficient time has elapsed to permit a definitive evaluation of the operative treatment; this is merely a report of progress."

263. Forster, Francis M.

Therapy in psychomotor epilepsy. J. Am. Med. Assn. Jan. 27, 1951. 145:4:211-215.

"The patient with psychomotor seizures can be treated with diphenylhydantoin (dilantin) sodium and/or phenobarbital, with phenacetylurea (phenurone) and possibly surgically. The use of diphenylhydantoid and/or phenobarbital has the advantages of simplicity and low toxicity. Establishment of control takes longer. Phenacetylurea is more specific agains psychomotor seizures, and if the drug is efficacious the results are seen in a short time. Like all of the recently tried anticonvulsants, phenacetylurea presents the dangers of hematologic and hepatic damage, and, in addition, has a failing of its own--the development of psychiatric depressions. Surgical therapy is available to those patients with distinct electroencephalographic foci, demonstrated on repeated testing, in whom medical therapy has failed."

264. Jones, D. P.

Methoin in the treatment of epilepsy. British Med. J. Jan. 13, 1951. 4697:64-67.

"The results of methoin treatment in 24 cases of major and psychomotor epilepsy are described. A reduction of 70% or more in fits occurred in 40% of major epilepsy cases, and in 31% of patients with psychomotor epilepsy. Details of E.E.G. changes due to the drugs given. Toxic effects, including a fatal aplastic anaemia in one case, are discussed. The value and limitation of methoin are discussed."

EPILEPSY--MENTAL HYGIENE

265. Lennox, Margaret A.

- Social and work adjustment in patients with epilepsy, by Margaret A. Lennox and Jennie Mohr. Am. J. of Psychiatry. Oct., 1950. 107:4:257-263. Reprint.

"1) Twenty-two unselected male clinic epileptic patients, ages 20-52, were studied with reference to social, work, school, and marital adjustment. The interrelationships between adjustability and medical and psychological factors.are presented. 2) In these patients medical handicap is greatest when seizures start before the age of 19, are frequent, are of psychomotor variety and respond poorly to treatment. 3) Work adjustment is better for patients whose medical handicap is marked. Social and school adjustment is better when the medical handicap is slight. Work and social adjustment is facilitated when the patients are able to accept their illness and behave independently. 4) Eight of the 22 patients are married, and two marriages have ended in divorce. 5) Fewer families than patients are able to accept the illness, but almost all patients from accepting families are able to accept epilepsy realistically."

HAND

266. Barsky, Arthur Joseph

Congenital anomalies of the hand. J. of Bone and Joint Surgery. Jan., 1951. 33-A:1:35-64.

"This paper is based upon our own series of sixty-two cases--most of them, although not all, seen during the last five years--and a survey of the medical literature of the last thirty years. Over one hundred articles were reviewed, as well as the standard works on paleopathology and six Egyptian papyri...." The author discusses the principal types and treatment of anomalies: 1) syndactylism or webbing, 2) polydactylism or duplication of parts, 3) brachydactylism or shortened digits which occur in conjunction with polydactylism, 4) annular grooves which usually occur with other defects, 5) congenital amputations for which no definite etiology has yet been e stablished, 6) cleft hand, 7) defects of the forearm, 8) megalodactylism or hypertrophy of the digits.

HANDICRAFTS

See 312.

HEAD INJURIES

267. Abbott, Walter D.

Early and late complications of head injuries. Industrial Medicine and Surgery. Feb., 1951. 20:2:79-82.

A report on eight cases of head injuries. "Various common complications of head injuries are presented in an effort to effect earlier recognition and management, so as to reduce the more unfavorable results."

HEALTH SERVICES--OKLAHOMA

268. Oklahoma. Child Health Study for Eastern Oklahoma, Tulsa.

Child health survey of Eastern Oklahoma, including a survey of public health in Tulsa City and County, by Ira V. Hiscock. Tulsa, The Study, 1951. 85 p., charts.

This "survey of the services received by the children of Oklahoma and facilities available for their medical care and health supervision showed that our state compared unfavorably with many other states. Furthermore,

HEALTH SERVICES--OKLAHOMA (continued)

within the state itself there exists a mal-distribution of physicians, community health services and hospitals." The study also revealed that there is little training given to pediatricians and general practitioners. To remedy this, pediatric education should be emphasized and a monthly column on the subject appear in the medical journal of the state. "Community health services throughout Oklahoma were inadequately and poorly distributed....Child health conferences should be increased....The shortage of well-trained public health nurses was decreasing the effectiveness of existing community health services and limiting their expansion....It is recognized all the deficiencies cannot be corrected immediately...." The medical provisions for handicapped children are considered in the report.

Available from Child Health Services for Eastern Oklahoma, 521 North Boulder, Tulsa 6, Okla.

HEALTH SERVICES--PLANNING

269. National Health Council

Where do we stand on local health units? New York, The Council (1951). 18 p. Planographed.

A five-year report of progress in developing local responsibility for community health services, prepared by the National Advisory Committee on Local Health Units, National Health Council, 1790 Broadway, New York 19, N.Y.

HEMIPLEGIA

270. Mason, Earl W.

Survey of the results in rehabilitation of hemiplegic cases. J. of Physical and Mental Rehabilitation. Dec.-Jan., 1951. 4:6:7-8.

"The following report was submitted on the results of treatment and rehabilitation of the hemiplegic patient including the Corrective Therapy Section of the Physical Medicine Rehabilitation Service, at the Veterans Administration Hospital in Louisville, Ky. This report emphasizes the saving that results and the expense that is spared the Veterans Administration and the veterans' families by such treatment....This survey covers a study of 165 hemiplegic patients, receiving treatment from September 1947 through the third week of September 1950."

271. Rudin, Louis (and others)

Rehabilitation of the hemiplegic with orthopedic disabilities, by Louis Rudin (and others). Occupational Therapy & Rehabilitation. Feb., 1951. 30:1:14-17.

"There are many patients with combined orthopedic and medical disabilities, who are considered non-rehabilitatable and freeze beds in hospitals. If we are not adversely influenced by a formidable hospital chart, with a battery of diagnoses and resolve the problem into its components and tackle each as a separate entity, the end result may be surprisingly favorable." Two cases are briefly described to illustrate rehabilitation procedures and results.

HEMIPLEGIA--MEDICAL TREATMENT

272. Deaver, George G.

Rehabilitation of the hemiplegic patient. J. of Physical and Mental Rehabilitation. Dec.-Jan., 1951. 4:6:9-12.

"The rehabilitation of the hemiplegic patient should be started as soon as definitive care is no longer required. The objectives of the program are: to begin ambulation with the aid of a short-leg brace if necessary; to teach the patient to perform self-care activities with the unaffected arm; to treat the arm in order to reeducate the muscles and prevent deformities and to give speech therapy if aphasia is present." A review of the condition and the medical procedures to be followed in treating it.

HIP—DISLOCATION

273. Anderson, Martin E.

Shelf operation for congenital subluxation and dislocation of the hip, by Martin E. Anderson and William H. Bickel. J. of Bone and Joint Surgery. Jan., 1951. 33-A:1:87-102.

"Although the exact cause of congenital dysplasia of the hip is unknown, genetic and biomechanical factors are probably important in producing the malformation which may be hereditary and frequently involves both hips in varying degrees. Determination of the CE angle of Wiberg is helpful in classifying the various degrees of subluxation of the hips, as revealed by roentgenogram. The purpose of the shelf operation is to increase the weight-bearing surface of the malformed acetabulum and thus to afford stability for the subluxated or dislocated femoral head. The operation consists in construction of an adequate bone ledge or shelf on the side wall of the ilium over the head of the femur, after the femur has been displaced downward by traction. In a series of eighty operations for congenital subluxation or dislocation one or both hips, fifty-eight (72.5 per cent) were successful in producing partial or entire relief of limp, pain, and hip fatigue, while a good range of motion was retained in the hip operated upon. Twenty-two of the operations (27.5 per cent) were unsuccessful, in that the patients' symptoms were unimproved. Poor results were attributed to construction of shelves which were inaccurately placed, were too small, or were absorbed. Arthritic symptoms persisted or developed after operation in a few instances."

274. Massie, William K.

Congenital dislocation of the hip, by William K. Massie and M. Beckett Howorth. J. of Bone and Joint Surgery. July, 1950 & Jan., 1951. 32-A:3 & 33-A:1. 3 pts.

Pt. I.-Method of grading results.-Pt.2-Results of open reduction seen in early adult period.-Pt. 3-Pathogenesis.

"A series of forty-four cases of congenital dislocation of the hip (58 hips), treated at the New York Orthopaedic Hospital by open reduction, have been followed until the patients reached adult life, and the results have been evaluated."

HOBBIES

275. Dwight, Charles A.

The psychology of habits. Nursing World. Feb., 1951. 76:2:68, 86.

Hobbies are important for everyone, providing they do not become an obsession. For the handicapped or shut-in, they are vital as they produce, in the individual, the sense of accomplishment and of productiveness.

276. Salzmann, Hans M.

Philately, the healing hobby. J. of Rehabilitation. Jan.-Feb., 1951. 17:1:20-21.

A brief explanation of the emotional and psychological benefits of stamp collecting for the severely handicapped.

HOMEBOUND—SPECIAL EDUCATION

277. Sanders, James M.

Implementing bedside science instruction, by James M. Sanders and Muriel Beuschlein. Educational Press Bul. Feb., 1951. 42:1:20-23.

Offers useful suggestions for aids in teaching science to the homebound and bedfast student. "From the foregoing suggestions it is evident that unlimited opportunities offer themselves in teaching bedside science to those children who need stimulus and inspiration along with guidance and a chance to do something for themselves where possible."

JAUNDICE

278. Warthen, Robert O.

A suggested classification of jaundice in infants and children. Clinical Proceedings, Children's Hospital, Washington, D. C. Aug., 1950. 6:9:278-285. Reprint.

"Jaundice is generally classified as retentive and obstructive. The purpose of this paper is to emphasize the partial obstructive phase and to utilize three phases of jaundice in developing a suggested classification, namely: retentive (hepatic, hemolytic), partial obstructive and complete obstructive." The classification is further elucidated in outline form.

LEG

279. Allan, F. G.

Leg-lengthening. British Med. J. Feb. 3, 1951. 4700:218-222.

"The indications for and against leg equalization are summarized, and the choice of operative procedures are discussed. The operative techniques and the management of distraction in leg-lengthening are described. The possible complications of leg-lengthening are discussed. The results in 101 cases are presented."

280. Eyre-Brook, A. L.

Bone-setting for inequality of leg lengths. British Med. J. Feb. 3, 1951. 4700:222-225.

"Where an inequality of leg length of over 1½ inch is present or is to be anticipated one may arrive at the following conclusions: 1) Bone-shortening is the preferable approach to all cases with the exception of the few who are unwilling or can ill afford to sacrifice any height. 2) Some surgeons seem far more willing to practice leg-shortening by epiphysiodesis than to attack an older patient by surgical bone-shortening, logically the equivalent operation for an older age group. 3) A very thorough technique is required in epiphysiodesis to avoid deformities, and a more extensive operation than that advocated by Phemister is therefore described. 4) Epiphysiodesis is often performed at too late an age for the desired results to be obtained. 5) Surgical bone-shortening is a safe-procedure, and certain and quick in its results--considerable attributes in purely elective surgery. 6) Surgical bone-shortening is preferable in the femur and two methods are advocated: a) straightforward lateral overlap with transfixing screws and b) excision of a segment below the lesser trochanter and fixations with a Blount plate. 7) Two further examples of a 4-in. femoral shortening with full return of knee movement and control within three to five months are reported."

MENTAL DEFECTIVES--PARENT EDUCATION

281. Marino, Lee J.

Organizing the parents of mentally retarded children for participation in the mental-health program. Mental Hygiene. Jan., 1951. 35:1:14-18.

An account of the organization and work of the New Jersey Parents Group for Retarded Children. This statewide group grew out of the needs and energy of one mother in Bergen County who appealed to parents of mentally retarded children through a letter in a newspaper in Bergen County. The objectives of the group may be summarized as parent and public education of the causes and needs of the mentally retarded.

282. National Association for Mental Health.

Children who can never go to school; some suggestions on home training. London, The Assn., n.d. (16) p.

A pamphlet for parents offering information in the care and development of the mentally defective child.

MENTAL DEFECTIVES--PARENT EDUCATION

283. When a child is different. Parents' Mag. March, 1951. 26:3:50, 122-126.

The story of how two parents faced the truth that their child was mentally retarded and finally sent him to a special school for training, knowing the chances are he will never be able to live in a normal society.

MENTAL DEFECTIVES--PROGRAMS--NEW YORK

284. New York. Welfare Council of New York City.

Report of the Committee on Mentally Defective Children under 5 of the Welfare Council of New York City, October, 1950. New York, The Council, 1950. (19) p. Mimeo.

"The committee on the basis of the two inquiries and its accumulated knowledge of the situation of young mental defectives makes the following recommendations: 1) The Department of Mental Hygiene is advised that in the two-year period of this committee's recent inquiry, it has had registered with it 1,700 individual children whose problems were of a nature to establish their eligibility for state care....2) The committee further advises that while 794 of the children registered had been approved for admission to care, more than a fourth as many more, 230 children, had been approved but could not be admitted to care because of lack of facilities....3) The committee urged that special consideration be given to hardship cases of children under one year of age who are at present excluded by administrative order. 4) The State Department of Mental Hygiene is urged to amplify and extend its present program of research in the field of mental defect with a view of developing new resources, both in therapy and in training all defectives capable of being helped." The five years during which the committee has been active have brought them the knowledge there are other needs. Among them are: "1) Need for organized community care for mentally defective children who do not require institutional care but whose admission to the public school system is necessarily delayed....2) The need for continuous, active research programs concerned with medical and non-medical therapy....3) The need for a comprehensive program of public interpretation and education relating to the causes and incidence of mental deficiency....4) The need for constant experimentation with new methods of care and training for defective children with the aim of aiding them to reach their optimal development and adjustment in the home, school, community or institution."

Report available from Welfare Council of New York City, 44 E. 23rd St., New York, N. Y.

MULTIPLE SCLEROSIS

285. Multiple sclerosis. Med. Times. Sept., 1950. 78:9:405-416. Reprint.

"This summarization attempts to cover the essential therapeutic information on the subject and is designed as a time-saving refresher for the busy practitioner."

MULTIPLE SCLEROSIS--DIAGNOSIS

286. Von Storch, Theodore J. C. (and others)

Colloidal gold reaction in multiple sclerosis, by Theodore J. C. Von Storch, Tiffany Lawyer and Albert H. Harris. Archives of Neurology and Psychology. Nov., 1950. 64:668-675. Reprint.

"The quantitative colloidal gold test as performed at and reported by the Division of Laboratories and Research of the New York State Department of Health is a valuable aid in the diagnosis of multiple sclerosis. Multiple

MULTIPLE SCLEROSIS--DIAGNOSIS (continued)

sclerosis was the presumptive diagnosis in 64 per cent of the 263 cases of nonsyphilitic disorders in which the spinal fluid showed a type D colloidal gold reaction of one or another strength. Some form of the type D reaction was also found in 36 per cent of a miscellaneous series of cases of disorders of the central nervous system. These findings are in accord with the known lack of specificity of the type D reactions for this or any other disease. On the other hand, the type D reactions were present in 94 per cent of 158 cases with a 'definite diagnosis' of multiple sclerosis and in 83 per cent of 203 cases in which this disorder was either definitely diagnosed or reasonably suspected. Therefore, the absence of the type D reaction (i.e. the presence of any other type of curve) renders a diagnosis of multiple sclerosis uncertain. The strong type D reaction (exclusive of weak and minimal types) was found less commonly (46 per cent) but was indicative of the disease, as it occurred rarely (8 per cent) in nonsyphilitic patients without multiple sclerosis. The presence of the type D colloidal gold reactions in cases of multiple sclerosis and syphilis of the central nervous system closely parallels the relative increase in globulins over albumin in the cerebrospinal fluid by other observers. The total proteins were moderately increased in 36 per cent of our cases of multiple sclerosis. The cerebrospinal fluid cell count was increased to above 10 cells per cubic millimeter in only 8 per cent of cases of multiple sclerosis. No correlation was found between the duration, stage and clinical activity of the disorder and the colloidal gold reaction, total protein concentration or cell count of the cerebrospinal fluid."

MULTIPLE SCLEROSIS--MEDICAL TREATMENT

287. Wertz, Stanley H.

Basic exercises in the treatment of multiple sclerosis and similar diseases of neuromuscular dysfunction. J. of Physical and Mental Rehabilitation. Dec.-Jan., 1951. 4:6:16-17.

Illustrations, with explanation, of heavy resistance exercises working up to reciprocal patterns of movement for multiple sclerosis and similar diseases of neuromuscular dysfunctions. Instructions accompany each illustration.

MULTIPLE SCLEROSIS--STATISTICS

288. Chiavacci, Ludwig V. (and others)

Frequency of multiple sclerosis in Greater New York, by Ludwig V. Chiavacci, Hans Hoff and Necmittin Polvan. Archives of Neurology and Psychiatry. Oct., 1950. 64:546-553. Reprint.

"In a statistical survey of cases of multiple sclerosis in Greater New York, an attempt has been made to evaluate the incidence of this disease.... A total of 4,898 patients was investigated. The distribution between the sexes was about equal. No predilection for any racial or national group was encountered. Only Negroes showed a deviation from the general distribution. In New York city the incidence of multiple sclerosis among the white population, including those of every extraction, was found to be about 6 in 10,000, whereas that for the Negro population was 1.4 in 10,000. Since it had been stated that the disease is rarely encountered in Italy and South American countries, it was interesting to observe that the Italians of New York, who hail mostly from the southern part of Italy, showed the same incidence as other groups. The age distribution of multiple sclerosis coincided with the findings of other authors, who observed that the onset was most frequent in younger adults. A relatively high number of patients with continuous slow progression was found, while those with remissions still showed the largest

MULTIPLE SCLEROSIS--STATISTICS (continued)

figure. Early onset of the disease carried a better prognosis with regard to remission than onset in later life, which was associated with a greater tendency to a slowly progressive or stationary course. Allergic conditions were not found more frequent among patients with multiple sclerosis than among those with other diseases. The influence of pregnancy, abortion, operations or injuries on the onset could not be confirmed. We believe, however, that they may play an important part in producing relapses. Relation between the disease and psychological factors could not be evaluated. The age at the time of death of patients with multiple sclerosis did not deviate much from the average mortality figures for the various decades, and most deaths occured from intercurrent diseases, and not from multiple sclerosis."

NURSERY SCHOOLS

289. Neubauer, Peter B. (and others)

Consultation services in nursery schools; a critical approach, by Peter B. Neubauer, Ruth Patten Fishman and Joseph Steinert. Child Welfare. Feb., 1951. 30:2:11-16.

"This paper has attempted to emphasize and develop three points: 1) The necessity for fusion of the traditional child guidance and nursery school interests....2) The necessity for dealing with the nursery school as a unit.... 3) Patterns of function are expressed in each school and determine the way in which the school meets the child's needs."

"This very provocative article is the result of a critical study of nursery schools made by a team including educators, pediatricians, psychiatric social workers, psychiatrists and psychologists."

OLD AGE

290. Monroe, Robert T.

A new medical look at old age. Am. J. of Occupational Therapy. Jan.-Feb., 1951. 5:1:12-15, 34.

A plea for a definite program for the aged to provide adequate housing, hobbies, recreation and education. "We need clubs for old people. We need vacation resources for them. Most of all we need an old age center which could focus and direct all these activities. For they are new, almost untried. We lack leadership and know-how as well as money. Only in a center with many types of special workers and many kinds of projects can there be developed the skills and tools to do the job...."

291. Tibbitts, Clark

Significance of the Conference on Aging for public health. Am. J. of Public Health. Feb., 1951. 41:2:176-181.

A paper based on a report of the Conference on Aging, sponsored by the Federal Security Agency, made to the Pennsylvania Public Health Association. The conference stressed the need to change the public's attitude on aged people in regard to their ability to contribute to society, and to live an independent existence.

See also CHRONIC DISEASE

OSTEOCHONDITIS

292. Mindell, Eugene R.

Late results in Legg-Perthes disease, by Eugene R. Mindell and Mary S. Sherman. J. of Bone and Joint Surgery. Jan., 1951. 33-A:1:1-23.

OSTEOCHONDITIS (continued)

A study of 72 patients with 78 involved hips to evaluate medical treatment in terms of end results. "...patients should be treated and treated early. Inasmuch as there seems to be no significant difference in the results obtained by ambulatory or non-ambulatory treatment, non-weight bearing on crutches is sufficient in a cooperative patient with unilateral involvement."

OSTEOMYELITIS

293. Buchman, Joseph

The surgical management of chronic osteomyelitis by saucerization, primary closure and antibiotic control; preliminary report on use of aureomycin, by Joseph Buchman and John E. Blair. J. of Bone and Joint Surgery. Jan., 1951. 33-A:1:107-118, 130.

The authors review their experimental treatment of osteomyelitis and report the results obtained in 83 patients. "It is evident, therefore, that the treatment of chronic osteomyelitis by thorough saucerization and primary wound closure without drainage, under antibiotic control (penicillin, streptomycin, or a combination of both), is the most effective method available at the present time....Our experience with aureomycin is only of recent date, and the cases treated with this antibiotic are too few in number to warrant detailed analysis. Suffice it to say that our findings have been most encouraging...."

PARAPLEGIA—MEDICAL TREATMENT

294. Letterman, Gordon S. (and others)

Management of decubitus ulcers in the paraplegic patient, by Gordon S. Letterman, Charles S. Wise and William Carey Meloy. Archives of Physical Medicine. Jan., 1951. 32:1:34-37.

This paper briefly reviews the prevention and treatment of decubitus ulcers, or bedsores. To prevent continued weight bearing, the patient must be turned frequently, a measure which is facilitated by the use of a Stryker frame. An air mass mattress with alternating pressure is of great help. Skin which is washed and dried regularly and kept free from urinary spillage and fecal contamination is essential and luminous heat applied for 30 minutes twice daily are required. Infections must be eliminated, and if bedsores have formed, the ulcer must be cleansed with a suitable active detergent and a dressing applied. Protein nutrition is required. The actual healing of the once-formed ulcers is a complicated process. The question will be whether to use conservative measures or plastic surgical repair. If surgery is used, the underlying bony prominence of the ulcer must be removed and closure accomplished by regional flaps and grafts. Physical reconditioning and training are highly valuable in the postoperative period; if possible the patient should be taught the use of crutches and braces. On the 7th to 10th postoperative days the patient should be braced and if possible, should be made to ambulate until full activity is accomplished. However, it may be several weeks before the patient can use a wheel chair. To carry out this regime will require close cooperation between all specialists.

POLIOMYELITIS—MENTAL HYGIENE

295. Wendland, Leonard Virgil

Some psychosocial aspects of poliomyelitis. (Los Angeles) The Author, 1950. 275 p., tables. Typed. Unpublished.

A dissertation presented to the faculty of the Graduate School, University of Southern California, in partial fulfillment of the requirements of the degree, Doctor of Philosophy.

POLIOMYELITIS--MENTAL HYGIENE (continued)

Library copies contain the following sections only: Table of Contents.-Chapter I. The problem in relation to previous research, Parts 1, 2, 3, 4 and 5.-Chapter VI. Summary and conclusion.-Bibliography.

"In this study we have brought up-to-date some factors relating to the psychosocial adjustment of 151 post-poliomyelitic subjects....One major area of life which reflects the adjustment of an individual is his occupational history. The subjects studied have various degrees of residual paralysis which may or may not affect the occupational life of these subjects....Recent statistics were not always available for comparative purposes; but where such data were available, it was found that this group compared favorably, in regard to employment history, with the general population....We did find the following: 1) In spite of residual paralysis, approximately two-thirds of the subjects felt that it is not a limiting factor in their present employment. 2) A significantly larger percentage of the males and females, when compared with the general public, have employment rated as professional, semi-professional, or skilled. 3) A significant number of subjects are in business for themselves. 4) A large percentage of males and females have employment of a civil service nature....5) The median annual income of the subjects...was above that of the general population. 6) No significant relationship between the degree of physical involvement and income was found....7) Those subjects with the most education have a higher income....8) No apparent relationship was found between the need of a prosthesis and employment....9) Approximately one-half of the males and one-third of the females feel their present employment does offer an opportunity for advancement. 10) The more seriously handicapped subjects tended to make less shifts in employment than those with less serious involvement....11) One-half of the males who have no apparent residual paralysis saw active duty in the armed forces....12) Over one-half of the males and approximately one-fourth of the females were actively engaged in 'war work.'" As the material was gathered in one interview, some of the information is superficial, but it was found this group compared favorably with the general public in psychosocial adjustment. The interview also covered the marital status, the social life, the religious beliefs, the frustrating effects, and suggestions for improving physical, educational and mental hygiene procedures.

PSYCHIATRY

296. Rabinovitch, Ralph D. (and others)

The integration of occupational and recreational therapy in the residential psychiatric treatment of children; a symposium, by Ralph D. Rabinovitch, Janet Bee and Barbara Outwater. Am. J. of Occupational Therapy. Jan.-Feb., 1951. 5:1:1-8, 40.

"In this symposium we have tried to present a picture of an active occupational and recreational therapy program for disturbed children in a residential setting. We have stressed the role of occupational therapy in the total treatment plan; the specific functions however of any therapeutic discipline in such a service must be seen in its relationship to the other treatment resources. These have been only alluded to in this paper, but we hope that the importance of integration of all services had been made clear."

See also 253.

PUBLIC WELFARE--PERSONNEL

297. Miles, Arthur P.

Undergraduate and graduate study in the training of public welfare personnel. Public Welfare. Feb., 1951. 9:2:48-50, 55.

PUBLIC WELFARE--PERSONNEL (continued)

A discussion of the educational needs of personnel workers on the undergraduate and graduate levels. The author feels that the undergraduate student should have "social literacy" and not training in social techniques at the junior grade but the graduate student should have professional orientation.

READING

298. Stauffer, Russell G.

Certain basic concepts in remedial reading. Elementary School J. Feb., 1951. 51:6:334-342.

An account of the teaching of eight year old boy to read. "The extent to which such a program of differentiated instruction has succeeded may be attributed to a number of pediological and psychological adjustments. The concept development, semantic sensitivity, and language facility of the pupil served as a foundation for the reading vocabulary. Recognition of printed symbols was aided when 'known' oral language was employed functionally by the pupils. Thus, meaning and use facilitated recognition and retention. Of the words learned through the experience approach a large percentage is common to different word lists. This facilitated the introduction of basal readers and the subsequent development of work-recognition skills. The additional technique of tracing aided recall and helped concentration on the task in hand...."

RECREATION

See 312.

REHABILITATION--PERSONNEL

299. Lee, John J.

Workshops, how they help train workers for the handicapped. Crippled Child. Feb., 1951. 30:5:16-17, 30.

The purpose of this article is to indicate the functions college and university workshops may serve and how they may be organized. Workshops are usually broader in their scope and more flexible in their organization than most unit courses. The work should offer a challenge to the participants, and for the advanced members of the group it should advance their knowledge by a wide range of activities. Specialists who work with the crippled child should be encouraged to attend workshops to gain a broad picture of the total needs of the child. The National Society participates in many workshops for such specialists by: 1) Giving professional consultant services, 2) supplying needed instructional and reference material from the Society's library, 3) helping recruit instructors, 4) announcing workshop opportunities, 5) supplying a limited number of scholarships, 6) furnishing the services of its own professional staff. Already the Society is assisting leading educational institutions in planning for its 1951 summer workshops.

REHABILITATION CENTERS--NEW JERSEY

300. The Kessler Institute. Welfare Reporter, N. J. Dept. Institutions and Agencies. Feb., 1951. 5:10:12-14.

Part I of an article briefly describing the program of the Institute and its relation to state institutions and agencies serving the handicapped.

RH FACTOR

301 Simpson, John W. (and others)

ACTH in the treatment of erythroblastosis, report of two cases, by John W. Simpson (and others). U. S. Armed Forces Med. J. Feb., 1951. 2:2:207-211.

"Conclusions cannot be drawn from two cases but the results are encouraging enough to warrant further trial since Potter has reported mortality rates as high as 90 per cent in erythroblastotic infants delivered to mothers whose reproductive histories are similar to those recorded here. Further studies are being undertaken in collaboration with other Army hospitals in order to accumulate a series sufficiently large to be statistically valid. It is recommended that ACTH be administered in daily dose of 25 mg. for the average newborn. This amount should be given in four equal doses at 6-hour intervals."

RHEUMATIC FEVER

302. McNeill, Deen

If your child's heart is weak. Parents' Mag. Feb., 1951. 26:2:38, 74-77.

A parents' report of the program of care that they developed for their young son, bedfast with rheumatic fever. Special attention was given to ways in continuing his school work, maintaining social contacts with his friends, and keeping him busy and entertained with constructive, recreational activities.

303. Strattan, Ethel

Can rheumatic fever be wiped out? Today's health. Feb., 1951. 29:2:60-62.

A review of the etiology, symptoms and treatment of rheumatic fever. Malnutrition, overcrowding and strep throat infections are listed as the principle causes. For the latter, guarding against dampness, cold and infections is the best prevention. Of the first two causes, some doctors "believe that almost enough is known about the disease to wipe it out, and that the greatest remaining problem is social, rather than medical....Yes, it seems clear that rheumatic fever can be wiped out, but final eradication may depend on the relief of the desperate overcrowding and improper sanitation of our cities?"

RICKETS

304. Pedersen, Herbert E.

Vitamin-resistant rickets, by Herbert E. Pedersen and H. R. McCarroll. J. of Bone and Joint Surgery. Jan., 1951. 33-A:1:203-220, 224.

"Vitamin resistant rickets have been established as ordinary rickets which does not respond until massive doses of vitamin D are given. This study presents a series of twenty-five children and nine of ten involved parents who have been so classified. Accurate classification and diagnosis can be made by urinalysis and few blood-chemistry studies. The most important of these are the determination of serum calcium, serum phosphorous and serum alkaline phosphatase. It is now felt that the disease is more common than has been previously reported and actually represents the most common cause of dwarfism encountered in this Clinic. It has a strong familial tendency. It may be present in varying degrees of severeity and the exact amount of vitamin therapy required for each individual can only be determined by a trial-and-error method. It becomes less severe after the age of epiphyseal closure, but some adults may require continued vitamin therapy."

SPECIAL EDUCATION--PERSONNEL

See 299.

SPEECH CORRECTION

See 313.

STRABISMUS

305. Krimsky, Emanuel

Method for objective investigation of strabismus. J. Am. Med. Assn. Feb. 24, 1951. 145:8:539-544.

A discussion of a test to ascertain true strabismus. "1) A flashlight and prism are adequate tools for studying the corneal light reflexes. 2) The corneal light reflex, when studied in a controlled manner, is the only dependable landmark or guide for an objective evaluation of normal straight eyes, as well as of manifest strabismus. 3) Accurate observation of the positions of the corneal light reflexes is essential in a study not only of ocular deviation but also induced or spontaneous image responses. 4) With the prism reflex test, based on the property of a prism to deflect a beam of light toward its apex, the amount of strabismus can be measured objectively. 5) The corneal light reflex can be used to study the state of binocular balance, binocular position and binocular function."

TUBERCULOSIS--MEDICAL TREATMENT

306. Sohot, Stanley T.

Tuberculosis of the sacro-iliac joint, a review of seventy-five cases. J. of Bone and Joint Surgery. Jan., 1951. 33-A:1:119-130.

"Because this series consisted of only seventy-five cases, undue significance should not be attached to the facts presented. However, some of the data in this review, when added to those of other authors may depict certain features regarding the nature, treatment, and outcome of the disease. The following characteristics of tuberculosis of the sacro-iliac joint have been demonstrated: 1) The disease occurred in young adults, usually between the ages of twenty and forty years (79 per cent). 2) It was commonly associated with tuberculosis in other parts of the body (83 per cent). 3) Pain was the most common initial symptom (83 percent). 4) Abscess formation occurred frequently (79 per cent), usually followed by the formation of draining sinus. 5) The usual roentgenographic appearance late in the disease was bony ankylosis (in 94 per cent of cases followed three years or more). 6) The mortality was higher when there was a draining sinus (44 per cent). 7) The data suggested, but do not prove, that operative fusion of the involved sacro-iliac joint is of value in hastening the desired end result."

307. Yu, Horace I.

Tuberculosis of the hip, a follow-up study of fifty-eight cases with special reference to fusion results in young children. J. of Bone and Joint Surgery. Jan., 1951. 33-A:1:131-143.

"1) Tuberculous hip rarely becomes fused of its own accord. The two cases of spontaneous fusion reported in this study had probably been transformed from an originally tuberculous infection to that of a predominately pyogenic infection through long years of secondary invasion and repeated surgical drainages. 2) From the results of this study, it appears that there is added proof that early fusion in young children is amply justified.... 3) The average time for roentgenographic evidence of fusion to appear after arthrodesis in a hip in this series was fifteen months in children and twelve months in adults. Real anatomical fusion with transarticular trabeculae may take an additional one or more years. In the light of the present study, it seems advisable that no secondary fusion operations be undertaken before the fifteenth month in children or before the twelfth in adults; that the average immobilization period be from twelve to eighteen months in children and from ten to twelve months in adults; and that the time for beginning ambulation be no sooner than the sixth month following arthrodesis in any case."

VOCATIONAL EDUCATION

308. Whitehouse, Frederick A.

Vocational training in a rehabilitation center. J. of Rehabilitation. Jan.-Feb., 1951. 17:1:3-8.

The role of the rehabilitation center is broader than that of providing physical medicine; its function rather is to provide the variety of services needed to restore the handicapped and disabled to their fullest physical mental, social, vocational and economic usefulness. Vocational training is an integral part of the rehabilitation process. It will not only be a direct service to the client but will often serve as a catalyst to assist the other services at the Center. The author discusses the contributions vocational training offers to the following major areas: 1) Economic, 2) Vocational, 3) Medical, 4) Social, 5) Psychological, 6) Psychiatric, and 7) Teamwork.

Part one of a two-part article.

VOCATIONAL REHABILITATION--LEGISLATION

309. Kratz, John A.

How federal laws made vocational rehabilitation history. J. of Rehabilitation. Jan.-Feb., 1951. 17:1:16-19, 30.

"My purpose in this article is to recount major developments in the evolution of federal legislation for the vocational rehabilitation of the civilian disabled." The author discusses briefly the problems which faced supporters of the acts and the final results as shown in the Acts of 1920, 1924, 1930, 1932, 1935, 1939 and 1943.

WHITE HOUSE CONFERENCE ON CHILDREN AND YOUTH--1950

310. Baker, Louise

Midcentury White House Conference on Children and Youth. Crippled Child. Feb., 1951. 30:5:18-20.

"The Easter Seal Agencies are studying its implications for crippled children. Mrs. Baker, executive committee member and an official delegate from the National Society for Crippled Children and Adults, reports on the conference and its findings as they related directly to the crippled child."

NEW BOOKS

CEREBRAL PALSY--HISTORY

311. Gress, Edmund Robert

A history of the nineteenth century theories of cerebral palsy. (Denver) The Author, 1949. (87) p. Typed. Unpublished.

"A thesis presented to the faculty of the Graduate School, University of Denver, in partial fulfillment of the requirements for the degree Master of Arts."

"The purpose of this study was twofold: 1) to explain the majore theories of infantile cerebral palsy as they appeared in the medical literature of the 19th centruy, and 2) to record the progress made by 19th century medical authorities in their attempts to explain the etiology of cerebral palsy. Much of the early history of cerebral palsy was arrived at by inference. From primitive man until the Middle Ages, disease was considered a manifestation of sin and some form of the supernatural; therefore, it has been assumed that the foregoing also produced cerebral palsy. With the beginning of the 19th century, definite attempts were made to find the cause of cerebral palsy. After modification of present day causes of cerebral palsy, the 19th

CEREBRAL PALSY—HISTORY (continued)

century theories were classified under the following headings: 1) maternal, 2) congenital, 3) traumatic, 4) neoplastic, 5) vascular and 6) infectious. Little, in 1843, formulated two theories of maternal origin (in connection with premature birth)....The major congenital theories appeared in the latter part of the 19th century. The more prominent congenital theories concerned 1) arrested development of the pyramidal tract, 2) unusual decussation of the pyramidal tract fibres and 3) congenital syphilis....The 19th century traumatic theories of cerebral palsy were concerned with abnormal deliveries and damage arising from birth. The outstanding traumatic factor, reported by Little in 1862, was abnormal parturition....Little was also the first to state that abnormal parturition caused asphyxia neonatorum...which resulted directly in cerebral palsy. The neoplastic theory, that of pressure on the brain, was considered as chief cause of cerebral palsy during the first two decades of the 19th century. This theory faded rapidly after 1820. The leading 19th century vascular theory of cerebral palsy, that of meningeal hemorrhage, was first reported by McNutt in 1885....Such infectious diseases as 1) fevers, 2) diphtheria, and 3) measles were reported by 19th century authorities as preceding acquired forms of cerebral palsy. The trend today suggests that congenital defects, especially within the cranium, are primary causes of infantile cerebral palsy."

RECREATION

312. Horowitz, Caroline

Play-alone fun for boys and girls. New York, Hart Pub. Co. (c1949). 96 p., illus. $1.25.

This book for children ages 6-9 features unsupervised play, things-to-make from home materials, quiet games for bed and travel, simple gifts your child can make. Includes over 60 play ideas and more than 100 illustrations.

SPEECH CORRECTION--PARENT EDUCATION

313. Van Riper, C.

Teaching your child to talk. New York, Harper & Brothers (c1950). 141 p. $2.00.

"Here is a unique and important book for all parents of small children. Learning to speak, far from being instinctive, is one of the hardest things the baby had to do. It can--and does--give rise to all kinds of frustrations, emotional maladjustments and behavior problems. Some three million children in the United States grow up more or less crippled by speech defects. They become stammerers or lispers or develop other speech troubles which hamper them for life. You can help your child to a good start in acquiring normal speech patterns, and you don't need special training to do it. In this simple and lively little book one of the country's leading authorities in the field of speech shows you how you can guide your child's speech development, starting just as soon as he begins to make little sounds, and continuing through his formative years."

NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS

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